CHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LINE	E NUMBEI	PAGE 93/99				
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b		24 28c	25 29	20
ny Information copied from such Reports and Stater									5
for commercial purposes, other than using the name	le and address of any political	commi	ttee to s	Olicit contri	butions tr	om si	ich co	mmittee	
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH I	JNDERWRITERS PAC (F	HUPA	C)						
Full Name (Last, First, Middle Initial)					action ID:	-			
MICHAEL BURGESS FOR CONGRESS				M	of Disburs		t / Y	YY	Υ
Mailing Address PO Box 2334				0 3		9		ž 0 i ()
City Denton	State Zip Code TX 76202			Amoui	nt of Each	Disb	ursem	ent this I	Period
Purpose of Disbursement	70202							3000.00)
Reception		01	11	-	-				
Candidate Name MICHAEL C. DR. BURGESS		Cate Ty	gory/ pe						
Office Sought: X House Disburs	ement For: 2010	- ,		1					
Senate	Primary X General								
President State: TX District: 26	Other (specify)								
Full Name (Last, First, Middle Initial)				_					
MIKE THOMPSON FOR CONGRESS					action ID: of Disburs				
Mailing Address 5429 Madison Avenue				0 ^M 3	/ DC	9	/ Y	ž 0 i 0) Y
City	State Zip Code			Amoui	nt of Each	Disb	ursem	nent this I	Period
Sacramento	CA 95841							3000.00	,
Purpose of Disbursement Reception		0-	11			•		3000.00	,
Candidate Name MIKE MR. THOMPSON		Cate Ty							
	ement For: 2010 Primary General Other (specify)		•						
Full Name (Last, First, Middle Initial)				_					
MINT POLITICAL ACTION COMMITTEE (MINT PAC)				Date o	action ID: f Disburs	emen			
Mailing Address 228 S. Washington Stre	et, Ste. 115			0,3	/ DC	9	/ L	ž 0 1 () ^Y
City Alexandria	State Zip Code VA 22314			Amoui	nt of Each	Disb	ursem	ent this I	Period
Purpose of Disbursement	77 22014							3000.00)
Reception Candidate Name		Orto							
MINT POLITICAL ACTION COMMITTEE	` ′	Cate Ty							
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼								
State: District:									
SUBTOTAL of Disbursements This Page (optional)					•		(000.00)
FOTAL This Period (last page this line number only	·)		•						
6AN026				FEC	Schedu	le B (Form	3X) (Re	vised 0